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METHOD AND APPARATUS FOR PROVIDING FAULT TOLERANCE TO MEMORY

Appl. No.

10/708,347

Confirmation No. 2346

Applicant

Chang-Lien Wu,

Chih-Ching Wang

Filed

February 25, 2004

TC/A.U.

2113

Examiner

MASKULINSKI,

MICHAEL C

Docket No.

REAPO048USA0

Customer No.

27765

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

INTRODUCTORY COMMENTS

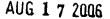
In response to the Office action of June 05, 2006, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

10 Remarks begin on page 10 of this paper.

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Art Unit: 2113

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/708,347

Attorney Docket No.: REAP0048USA

Subject: Response to the Office Action mailed on 06/05/2006

Total Pages: 15 pages (including cover page)

Winston Hsu 08/17/2006

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PTQ/SB/21 (07-08)

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TRANSMITTAL FORM		Application Number	10/708	10/708.347			
		Filing Date	02/25/2	02/25/2004			
		First Named Inventor	Change	Chang-Lien Wu			
		Art Unit	2113	2113			
(to be used for all correspondence after initial filling)		Examiner Name	MASKI	MASKULINSKI, MICHAEL C			
Total Number of Pages in This Submission 14		Attorney Dacket Number	REAPO	REAP0048USA			
THOU ACTIONS							
ENCLOSURES (Check all that apply) After Allowance Communication to TC							
Fee Transmittal Form Fee Attached Amendment/Reply		Drawing(s) Licensing-related Papers Petition Petition to Convert to a			Appeal Communication to Board of Appeals and interferences Appeal Communication to TC (Appeal Notice, Brior, Raphy Brier) Proprietary Information		
After Final Affidavita/declare Extension of Time Requi Express Abandonment F	atton(s) est Request Statement	Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Discalmer Request for Refund CD, Number of CD(s)	Address	s c	Status	Letter Enclosure(s) (please identify	
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing under 37 CFR 1.0	Parts	rks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name North America Intellectual Property Corporation							
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Printed name Winston Hsu							
Date 8/17/2006		Reg. No. 41,526					
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PTO/S8/17 (07-08) Approved for use through 01/31/2007. OMB 0851-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control no persons are required to respond t Under the Paperwork Reduction Act of 1995 Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/708,347 RANSMIT 02/25/2004 Filing Date Chang-Lien Wu First Named Inventor MASKULINSKI, MICHAEL C Examiner Name See 37 CFR 1.27 Applicant claims small entity status. Art Unit REAP0048USA TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Dockel No. METHOD OF PAYMENT (check all that apply) ✓ Deposit Account Deposit Account Number: 50-3105 Deposit Account NameNorth America Intellectual Property Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEA **EXAMINATION FEES** SEARCH FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Feq (\$) Application Type Fee (\$) Fee (\$) Fee (\$) 200 500 300 250 100 Utility 150 130 200 100 50 65 Design 100 Plant 160 200 100 300 150 80 600 300 300 150 500 250 Reissue 200 100 O O 0 Provisional 0 Small Entity **EXCESS CLAIM FEES** Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 Each independent claim over 3 (including Reissues) 100 360 180 Multiple dependent claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Total Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP * HP = nighest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims - 3 or HP = HP = highest number of independent dalms peid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) / 50 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. Telephone 3027291562 41,526 Signature Collemnations between (Attorney/Agent)

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